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DEPARTMENT OF COMMERCE AND
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COMPLAINTS AND
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STATE OF HAWAII
REGULATED INDUSTRIES COMPLAINTS OFFICE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
LEIOPAPA A KAMEHAMEHA BUILDING
235 SOUTH BERETANIA STREET, NINTH FLOOR
HONOLULU, HAWAII 96813
FAX: (808) 586-2670

HILO OFFICE
345 KEKUANAOA STREET, SUITE 12
HILO, HAWAII 96720

KONA OFFICE
KEAUHOU SHOPPING CENTER, ROOM
134A
78-6831 ALII DRIVE
KAILUA-KONA, HAWAII 96740

MAUI OFFICE
1063 LOWER MAIN STREET, SUITE C-
216
WAILUKU, HAWAII 96793

KAUAI OFFICE
3060 EIIWA STREET, ROOM 204
LIHUE, HAWAII 96766

Dear Consumer:

Before filing your complaint with the Regulated Industries Complaints Office (RICO), we request that you:

- ❖ Write to the other party to resolve your complaint and
- ❖ **Send a copy of your letter to our office**
- ❖ A *Sample Complaint Letter* is attached for your reference

If you know or suspect that the respondent is not appropriately licensed for the type of activity he is engaging in, you may file a complaint directly with RICO without further contact with the respondent. RICO does not condone the hiring of an unlicensed person or encourage any unlicensed person/entity to finish a project.

If you do not receive a response within 14 days, or the response you receive is not satisfactory:

- ❖ Notify RICO **in writing by completing the enclosed complaint form**
- ❖ **Attach copies of your correspondence with the other party**
- ❖ Include **copies** of all pertinent documents regarding your complaint

If you have already written to the respondent in an attempt to resolve your concerns, you may file your complaint with our office without further contact with the respondent. Please provide us with a copy of your correspondence with the respondent.

After we receive your written complaint, an investigator in the Consumer Resource Center (CRC) will:

- ❖ Review your complaint to see if RICO has jurisdiction
- ❖ Determine if there is enough information and evidence to indicate a possible licensing law violation
- ❖ Or, determine if your complaint qualifies for RICO's **mediation program**.

Please be aware that:

- ❖ If you wish to submit a complaint **anonymously**, you will not be informed about what is happening to your complaint as determinations are made.

- ❖ If your complaint is accepted into our case processing system, an investigation and possible legal action could result. RICO is responsible for enforcing certain regulatory laws on behalf of the state of Hawaii. Because we serve the state's interests, we do not act as attorneys or advisors for complainants.
- ❖ Based on your complaint, the violations we allege are determined by the laws and the types of sanctions we may seek. Depending upon the type of case, we may seek fines, injunctions, license suspensions or revocations, or restitution. However, although we ask in our complaint form what would be an acceptable resolution of your complaint, please keep in mind that we may not be able to assist you with what you want.
- ❖ Unless you indicate otherwise, your complaint will be considered confidential and will be used for RICO purposes only. You may also seek the advice of your attorney to protect any claims you may have.

To call Oahu-RICO, dial the following toll free numbers: Kauai 274-3141, extension 73222; Maui 984-2400, extension 73222; Big Island 947-4000, extension 73222; Molokai and Lanai 1-800-468-4644, extension 73222.

This printed material may be made available for individuals with special needs in Braille, large print or audio tape. Please submit your request to the Complaints and Enforcement Officer by calling 586-2666.

SAMPLE COMPLAINT LETTER

Your Address

Your City, State, Zip Code

Today's Date

Name of Person You are Complaining To

Title *(if applicable)*

Company Name *(if applicable)*

Street Address or P.O. Box Number

City, State, Zip Code

Dear *(Name of person you are complaining to)*:

The Regulated Industries Complaints Office (RICO) recommended I write this letter to you.

On *(date)*, I *(bought, leased, rented, had repaired, signed a contract, etc)* a/for *(name of product or service performed)* at *(location, or other important details about the transaction)*.

Unfortunately, your *(product or service)* has not been satisfactory **because** *(state the problem(s))*. I am disappointed because *(explain your concerns)*.

To resolve the problem, I would appreciate your *(state the specific action you want)*. Enclosed are copies of my records *(receipts, warranty, cancelled checks – front and back, contracts, and any other pertinent documentation)*.

I look forward to your written reply and resolution to my problem. Please respond within 14 days of the receipt of this letter or by *(state date 14 days from today's date)*. If I do not hear from you I will seek assistance from RICO. Please contact me at the above address or by telephone at *(insert your phone number[s])*.

Very truly yours,

(Your Name)

Enclosures

cc: Regulated Industries Complaints Office

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
REGULATED INDUSTRIES COMPLAINTS OFFICE
CONSUMER RESOURCE CENTER
OAHU OFFICE
235 SOUTH BERETANIA STREET, 9TH FLOOR
HONOLULU, HI 96813
www.state.hi.us/dcca/rico

For Official Use Only

**MOTOR VEHICLE SALES
COMPLAINT FORM**

Case No.

The motor vehicle dealer/salesperson you complained against will be informed of this complaint in order to facilitate resolution of this matter. Your complaint may also be referred to mediation, if appropriate. This complaint will not be processed unless this form is complete, legible, signed, dated and includes copies of all available evidence.

YOUR NAME

Please print legibly or type (Last) (First) (Middle)

☐ Mr.

☐ Ms.

☐ Mrs.

Social security number (optional, for identification purposes only):

Address: Telephone number where you may be reached (8:00am-4:30pm)

Residence number:

Business number:

NAME OF MOTOR VEHICLE DEALER/SALESPERSON YOUR COMPLAINT IS AGAINST

Name of company and/or individual:

Address: Phone number:

License number:

Name of person you dealt with:

1. Did you contact the car dealership to try and resolve your complaint?

If you have not already done so, please attempt to resolve your complaint with the dealership before filing this complaint.

☐ Unable to contact the car dealership

☐ Yes (Please tell us what happened. Include names of persons you spoke to and dates you spoke to them)

OTHER INFORMATION

2. Description of vehicle:

Year: Make: Model:

3. Date of purchase:

4. Cost of vehicle: \$

5. Did you purchase the vehicle: ☐ New ☐ Used

6. Did you go to the dealership in response to an advertisement? ☐ Yes ☐ No

(If yes, please attach a copy of the ad and the name and date of publication in which the ad appeared)

7. Are you still in possession of the vehicle? ☐ Yes ☐ No

8. When did you receive the Certificate of Title?

9. What was the mileage at the time the car was purchased?

What is the current odometer reading?

10. In the course of purchasing your vehicle, were you told that any products, services or fees were required as a condition of the sale? ☐ Yes ☐ No

If yes, please describe the nature and amount of the required charge. _____

11. Briefly state your complaint (attach separate sheet, if necessary)

12. What would resolve your complaint? Please be aware that what you are seeking may not be within the jurisdiction of this office.

13. **Please attach COPIES of all applicable documents. Do not submit originals, they will not be returned to you.**

☐ Sales or lease contract

☐ Correspondence

☐ Credit sales contract

☐ Other (please list) _____

☐ Proof of payment (canceled checks front and back or receipts)

14. Have you filed in court to recover damages on this complaint?

☐ Yes (please attach documents) ☐ No

FOR YOUR INFORMATION

A. In addition to this complaint you may also file an action in civil court. If your dispute involves an amount of \$3,500 or less, you may consider filing a claim in Small Claims Court. Please get advice from an attorney on filing such a claim.

B. RICO cannot represent private parties in court nor collect money for you. Please contact an attorney for advice on filing such an action.

The information contained in this complaint is true, correct and complete to the best of my knowledge. I understand that what I want as a resolution may not be within the jurisdiction of this office.

Sign here:

Date:

*Please submit this form with your **original** signature (failure to do so may delay the processing of your complaint).

THANK YOU FOR ASSISTING OUR EFFORTS TO REVIEW YOUR COMPLAINT

FOR OFFICE USE ONLY

BREG CHECK: Yes ☐ (if yes, attach printouts) No ☐

PVL CHECK: Yes ☐ (if yes, attach printouts) No ☐

PRIOR COMPLAINT HISTORY: Yes ☐ (if yes, attach printouts) No ☐

Other information:
